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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/804,287	03/12/2001	Timothy Kolody	MED 2 1118	7462

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EXAMINER

HO, THOMAS Y

ART UNIT	PAPER NUMBER
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3677

DATE MAILED: 10/08/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/804,287

Applicant(s)

KOLODY ET AL.

Examiner

Thomas Y Ho

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 6/24/03.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-29 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-29 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on _____ is: a) ☐ approved b) ☐ disapproved by the Examiner.
- If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

- 13) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
- a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1-13 and 17-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Edwards USPN5628853.

As to claim 1, Cooper discloses in a radiolucent patient support table 12 including substantially planar top and bottom surfaces held apart in an opposed relationship, a medical appliance support interface for selectively connecting an associated medical appliance to the table, the interface comprising: a first connection area (top edge of 12), the first connection area shaped to provide a first supporting force against an associated medical appliance in a first direction substantially parallel to the top and bottom surfaces, and a second supporting force against the associated medical appliance in a second direction substantially perpendicular to the top and bottom surfaces; and, a second connection area (beveled edge of 12) defined by said table and shaped to provide a third supporting force against the associated medical appliance in a third direction substantially parallel to the top and bottom surfaces, and a fourth supporting force against the associated medical appliance in a fourth direction substantially perpendicular to the top and bottom surfaces. The difference between the claims and Cooper is the claims recite a non-planar first connection area (edge of 12) defined by said top surface of the support table. Edwards discloses a support member/surface 1 similar to that of applicant. In addition, Edwards

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further discloses a non-planar first connection area 12 (see Figures 1-2) defined by said top surface 2 of the support table 1. It would have been obvious to one of ordinary skill in the art, having the disclosures of Cooper and Edwards before him at the time the invention was made, to modify the top surface of Cooper to have a non-planar first connection area, as in Edwards, to obtain a table with a top surface having groove near the edge. One would have been motivated to make such a combination because a spill groove to prevent spilling of liquids over the table edge would have been obtained, as taught by Edwards (col.8, ln.1-15).

As to claim 2, Edwards teaches the support interface wherein said first connection area 12 (see Figure 2) includes at least one recess defined between a pair of wall surfaces that converge at a bight of the at least one recess.

As to claim 3, Cooper discloses wherein said second connection area (beveled edge of 12) includes a substantially planar surface held at an oblique angle relative to said substantially planar top and bottom surfaces.

As to claim 4, Edwards teaches further including a rounded lip area P1/P2 formed between said at least one recess 12 and said substantially planar surface 2, the rounded lip area defining a crest P1 located between said bight and a plane defined by the top surface of the patient support table. The height of the crest P1 never exceeds the plane 30 of the top surface.

As to claim 5, Edwards teaches said rounded lip area P1/P2 is spaced apart from the plane 30 defined by the top surface 2 by a predetermined distance. Near and above P2, it is shown in Figure 2 that there is a predetermined distance between the rounded lip and the plane 30.

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As to claim 6, Cooper discloses a surgical table 12 comprising: a base member 11; a column 11 connected with the base member; a rectangular radiolucent patient support member 12 carried on the column, the patient support member 12 defining substantially planar top and bottom surfaces. Edwards teaches a connection interface (the limitations “low radiographic shadow accessory connection interface” is intended use and functional, so it holds little patentable weight) defined by a plurality of curved surfaces 12 of the support member 1 along at least one edge of the support member (the limitation “for selectively connecting an associated accessory to the patient support member” is intended use and functional language, and so holds no patentable weight), the plurality of curved surfaces being without planar portions oriented in a substantially perpendicular relation to said planar top surface of the patient support member (the limitations “so that first portions of an associated x-ray signal passing through the connection interface along a path substantially perpendicular to the planar top surface are attenuated substantially the same as second portions of the x-ray signal passing through the patient support member” are functional language, and fail to further define any structural elements, and so hold little patentable weight).

As to claim 7, Cooper discloses said surface of the low shadow connection interface includes a first connection area (edge of 12) adjacent the planar top surface of the patient support member and a second connection area (beveled edge of 12) extending between the first connection area and the bottom surface of the patient support member, and the second connection area including a planar locating surface disposed in a non-perpendicular relation with said planar top surface. Edwards teaches said plurality of curved surfaces 12, and the first connection area including a curved lip surface P1/P2.

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As to claim 8, Edwards teaches the first connection area includes a curved recess surface 12 formed in said planar top surface 2 of the support member 1 adjacent said curved lip surface P1/P2.

As to claim 9, Edwards teaches the surgical table according to claim 8 wherein the curved recess surface 12 formed in said planar top surface 2 is defined by a pair of opposed spaced apart concave wall surfaces formed in the planar top surface of the support member 1 adjacent said curved lip surface P1/P2.

As to claim 10, Edwards teaches the curved recess surface 12 formed in the planar top surface 2 defines a groove having a first radius r ; and, the curved lip surface P1/P2 defines a ridge having substantially said first radius r .

As to claim 11, Edwards teaches the curved recess surface 12 includes a planar intermediate surface (bottom of 12; matches the surface shown in applicant's drawings) extending between said spaced apart concave wall surfaces, the planar intermediate surface being substantially parallel with the planar top surface of the support member.

As to claim 12, Cooper discloses the planar locating surface (beveled edge of 12) extends at an angle of about 50 degrees relative to the top and bottom surfaces of the patient support member 12.

As to claim 13, Edwards the top surface 2 of the support member 1 defines a first plane 30; and, the curved lip surface P1/P2 is disposed entirely on a side of said first plane containing said support member 1. The height of the crest P1 never exceeds the plane 30 of the top surface.

As to claim 17, Cooper discloses in a radiolucent patient support table 12 including flat top and bottom surfaces held apart in an opposed relationship, a medical appliance support

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interface for selectively connecting an associated medical appliance to the table, the interface comprising: a first connection area (top edge of 12) defined by said top surface of the support table 12, the first connection area being shaped to provide a first supporting force against an associated medical appliance in a first direction substantially parallel to the top and bottom surfaces, and a second supporting force against the associated medical appliance in a second direction substantially perpendicular to the top and bottom surfaces; and, a second connection area defined by said table and shaped to provide a third supporting force against the associated medical appliance in a third direction substantially parallel to the top and bottom surfaces, and a fourth supporting force against the associated medical appliance in a fourth direction substantially perpendicular to the top and bottom surfaces. Edwards teaches a curved first connection area 12 defined by said top surface 2 of the support table 1 that would provide the necessary forces. Nevertheless, the limitations to providing forces is only functional language and holds little patentable weight. Any structure of similar shape can possibly perform the claimed function.

As to claim 18, Edwards teaches said first area includes at least one recess 12 defined between a pair of wall surfaces that converge at a bight (bottom portion) of the at least one recess 12.

As to claim 19, Cooper said second connection area (beveled edge of 12) includes a substantially planar surface held at an oblique angle relative to said substantially planar top and bottom surfaces.

As to claim 20, Edwards teaches a rounded lip area P1/P2 (see Figure 2) formed between said at least one recess 12 and said substantially planar surface 2, the rounded lip area defining a

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crest P1 located between said bight and a plane 30 defined by the top surface of the support table

1. The height of the crest P1 never exceeds the plane 30 of the top surface.

Claims 14 and 21-29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Edwards USPN5628853, and further in view of Peterson USPN4828208.

As to claim 14, Cooper discloses a third connection area (bottom edge of 12) between said second connection area (beveled portion of 12) the difference between the claims and Cooper is the claims recite the third connection area including a downwardly directed curved ridge extending from the bottom surface of the patient support member in a direction opposite from said curved lip surface of said first connection area. Edwards teaches the curved lip surface P1/P2 of the first connection area 12, that extends towards the upper surface 2 of the support member. Peterson discloses a support member similar to that of Cooper. In addition, Peterson further teaches a third connection area 197 including a downwardly directed curved ridge extending from the bottom surface of the support member 7 in a direction opposite from a curved lip surface 8 of a first connection area. It would have been obvious to one of ordinary skill in the art to modify the third connection area of Cooper to have a downwardly curved ridge extending therefrom, as in Peterson, to obtain a lip. One would have been motivated to make such a combination because a grasping structure would have been obtained, as taught by Peterson (col.14, ln.1-15).

As to claim 21, Cooper discloses a medical appliance interface comprising: a table top 12 having, on opposite sides of the table top, a substantially flat upper surface and a substantially flat lower surface; and, a substantially flat side surface (beveled edge of 12) extending between

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said upper edge of the table top and said lower edge of the table top. Edwards teaches a groove 12 defined by said upper surface 2, the groove being spaced from an upper edge of the table top 1 defined by said upper surface. Peterson teaches a ridge 197 defined by said lower surface, the ridge being disposed at a lower edge of the table top 7 defined by said lower surface.

As to claim 22, Cooper discloses said substantially flat side surface defines a beveled edge of said table top 12.

As to claim 23, Cooper discloses the table top 12 includes a foam core surrounded by an outer layer of carbon fibers (col.1, ln.25-40).

As to claim 24, Cooper discloses said substantially flat side surface (beveled edge of 12) is held at an oblique angle relative to at least one of said upper surface and said lower surface of said table top 12.

As to claim 25, Edwards teaches said groove 12 is an elongate groove extending substantially the length of said table top 1. Peterson teaches said ridge 197 is an elongate ridge extending substantially the length of said table top 7.

As to claim 26, Edwards teaches the elongate groove 12 is a recess defined between a pair of concave wall surfaces that converge at a bight area (bottom of 12) formed by the upper surface 2 of the table top 1.

As to claim 27, Edwards teaches the bight area includes a flat surface between said pair of concave wall surfaces. The description of the structure provided in applicant's drawings describe the flat surface of the bight in a manner shown by Edwards.

As to claim 28, Edwards, teaches said groove 12 is defined by exclusively curved surfaces. Peterson teaches said ridge 197 are defined by exclusively curved surfaces.

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As to claim 29, Cooper discloses said flat upper surface of the table top 12 defines a plane. Edwards teaches said groove 12 formed by the upper surface 2 is a recess defined between a pair of concave wall surfaces that converge at a bight area (bottom of 12) formed by the upper surface 2, the bight area being spaced apart from said plane 30 defined by the upper surface 2; and, said upper edge of the table top terminates at a location between said bight area and said plane 30. The height of the crest P1 never exceeds the plane 30 of the top surface.

Claim 15 is rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Edwards USPN5628853, and further in view of Lussi USPN5754997.

As to claim 15, Cooper discloses the rectangular radiolucent patient support member 12. The difference between the claims and Cooper is the claims recite the support includes a plurality of selectively intermateable support member portions including a body and leg support section connected with said column, a headrest section pivotally attached with the body and leg support sections, and a cardiovascular extender member selectively attachable to the body and leg support section. Lussi discloses a support member (see Figure 3) similar to that of Cooper. In addition, Lussi further teaches the support includes a plurality of selectively intermateable support member portions 14/16/18/20 including a body and leg support section 16/18 connected with said column 26, a headrest section 20 pivotally attached with the body and leg support sections, and a cardiovascular extender 14 member selectively attachable to the body and leg support section 16/18. It would have been obvious to one of ordinary skill in the art, having the disclosures of Cooper and Lussi before him at the time the invention was made, to modify the support member of Cooper to include a plurality of portions, as in Lussi, to obtain a support with distinct sections. One would have been motivated to make such a combination because the

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ability to facilitate orientation of a patient for different surgical operations would be obtained, as taught by Lussi (col.2, ln.10-15).

Claim 16 is rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Edwards USPN5628853, and further in view of Pegrum USPN3627250.

As to claim 16, Cooper discloses a column 11. The difference between the claims and Cooper is the claims recite the column includes: a vertical column member suspended from overhead by a ceiling of an associated surgical room; and, a generally horizontally oriented support bar for pivotally connecting the patient support member with the vertical column member, the support bar being vertically movable relative to the column member to enable positioning of the patient support member relative to a floor of the associated surgical room. Pegrum discloses a support member similar to that of Cooper. In addition, Pegrum further teaches the column includes: a vertical column member 1 suspended from overhead by a ceiling of an associated surgical room; and, a generally horizontally oriented support bar (between 5 and 7) for pivotally connecting the patient support member 5 with the vertical column member, the support bar being vertically movable relative to the column member 1. It would have been obvious to one of ordinary skill in the art, having the disclosures of Cooper and Pegrum before him at the time the invention was made, to modify the column of Cooper to suspend from the ceiling, as in Pegrum, to obtain a support member able to be pivoted and vertically moved relative to a vertical column. One would have been motivated to make such a combination because patient positioning for radio therapy or teletherapy would have been obtained, as taught by Pegrum (col.1, ln.1-10).

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Claims 1-7, 13, and 17-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Beane USPN5099550.

As to claim 1, Cooper discloses in a radiolucent patient support table 12 including substantially planar top and bottom surfaces held apart in an opposed relationship, a medical appliance support interface for selectively connecting an associated medical appliance to the table, the interface comprising: a first connection area (top edge of 12) defined by said top surface of the support table, the first connection area being shaped (the limitations “to provide a first supporting force against an associated medical appliance in a first direction substantially parallel to the top and bottom surfaces and a second supporting force against the associated medical appliance in a second direction substantially perpendicular to the top and bottom surfaces” is functional language and holds little patentable weight); and, a second connection area (beveled edge of 12) defined by said table 12 and shaped (the limitations “to provide a third supporting force against the associated medical appliance in a third direction substantially parallel to the top and bottom surfaces, and a fourth supporting force against the associated medical appliance in a fourth direction substantially perpendicular to the top and bottom surfaces” are only functional and are given little patentable weight because they do not further define the structure). The difference between the claims and Cooper is the claims recite a non-planar first connection area. Beane discloses a horizontal supporting surface 10 having a connection area, similar to that of Cooper. In addition, Beane further teaches a non-planar first connection area 16/17. It would have been obvious to one of ordinary skill in the art, having the disclosures of Cooper and Beane before him at the time the invention was made, to modify the first connection area of Cooper to be non-planar as in Beane, to obtain a non-planar first

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connection area. One would have been motivated to make such a combination because a tight clamping fit would have been obtained, as taught by Beane (col.2, ln.1-15, ln.40-50).

As to claim 2, Beane teaches said first connection area 16/17 includes at least one recess 16 defined between a pair of wall surfaces that converge at a bight (bottom portion of 16) of the at least one recess.

As to claim 3, Cooper discloses said second connection area (beveled edge of 12) includes a substantially planar surface held at an oblique angle relative to said substantially planar top and bottom surfaces.

As to claim 4, Beane teaches a rounded lip area 17 formed between said at least one recess 16 and said substantially planar surface 14, the rounded lip area 17 defining a crest located between said bight and a plane defined by the top surface of the patient support table.

As to claim 5, Beane teaches said rounded lip area 17 is spaced apart from the plane defined by the top surface 14 by a predetermined distance.

As to claim 6, Cooper discloses a surgical table 12 comprising: a base member 11; a column 11 connected with the base member; a rectangular radiolucent patient support member 12 carried on the column, the patient support member 12 defining substantially planar top and bottom surfaces; and, a low radiographic shadow accessory connection interface (any portion of 12 is an interface, and the limitation of the interface being for a low radiographic shadow accessory is intended use and a purely functional description, and so is give little patentable weight). Beane teaches connection interface defined by a plurality of curved surfaces 16/17 of the support member 10 along at least one edge of the support member (see Figure 1) for selectively connecting an associated accessory 50 to the support member 10, the plurality of

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curved surfaces 16 being without planar portions oriented in a substantially perpendicular relation to said planar top surface of the member (see 16 in Figure 1). The limitations “so that first portions of an associated x-ray signal passing through the connection interface along a path substantially perpendicular to the planar top surface are attenuated substantially the same as second portions of the x-ray signal passing through the patient support member” are purely functional and fail to further limit the claimed structure, and so are given little patentable weight.

As to claim 7, Cooper discloses said low shadow connection interface includes a first connection area (top edge of 12) adjacent the planar top surface of the patient support member 12 and a second connection area (beveled edge of 12) extending between the first connection area and the bottom surface of the patient support member, the second connection area including a planar locating surface disposed in a non-perpendicular relation with said planar top surface. Beane teaches a plurality of curved surfaces 16/17 of the connection interface, and the first connection area including a curved lip surface 17.

As to claim 13, Beane teaches the top surface 14 of the support member 10 defines a first plane; and, the curved lip surface 16 (see Figure 1) is disposed entirely on a side of said first plane containing said support member.

As to claim 17 Cooper discloses in a radiolucent patient support table 12 including flat top and bottom surfaces held apart in an opposed relationship, a medical appliance support interface (any portion of 12 can support some kind of appliance) for selectively connecting an associated medical appliance to the table 12, the interface comprising: a first connection area defined by said top surface of the support table 12, the first connection area being shaped (the limitations “to provide a first supporting force against an associated medical appliance in a first

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direction substantially parallel to the top and bottom surfaces, and a second supporting force against the associated medical appliance in a second direction substantially perpendicular to the top and bottom surfaces” are purely functional and fail to further limit the structure, and so they are given little patentable weight); and, a second connection area (beveled edge of 12) defined by said table 12 and shaped (the limitations “to provide a third supporting force against the associated medical appliance in a third direction substantially parallel to the top and bottom surfaces, and a fourth supporting force against the associated medical appliance in a fourth direction substantially perpendicular to the top and bottom surfaces” are purely functional and fail to further limit the structure, and so they are given little patentable weight). Beane teaches a curved first connection area 16.

As to claim 18, Beane teaches said first area includes at least one recess 16 defined between a pair of wall surfaces that converge at a bight (bottom of 16) of the at least one recess.

As to claim 19, Cooper discloses said second connection area (beveled edge of 12) includes a substantially planar surface held at an oblique angle relative to said substantially planar top and bottom surfaces.

As to claim 20, Beane teaches a rounded lip area 17 formed between said at least one recess 16 and said substantially planar surface 14, the rounded lip area defining a crest located between said bight and a plane defined by the top surface 14 of the support table 10.

Claims 21 and 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper USPN4145612 in view of Beane USPN5099550, and further in view of Peterson USPN4828208.

As to claim 21, Cooper discloses a medical appliance interface comprising: a table top 12 having, on opposite sides of the table top, a substantially flat upper surface and a substantially

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flat lower surface, and a substantially flat side surface extending between said upper edge of the table top and said lower edge of the table top. Beane teaches a groove 16 defined by said upper surface 14, the groove being spaced from an upper edge 14 of the table top 10 defined by said upper surface 14. Peterson teaches a ridge 197 defined by said lower surface, the ridge being disposed at a lower edge of the table top 7 defined by said lower surface.

As to claim 29, Cooper discloses said flat upper surface of the table top 12 defines a plane. Beane teaches said groove 16 formed by the upper surface is a recess defined between a pair of concave wall surfaces that converge at a bight area formed by the upper surface 14, the bight area being spaced apart from said plane defined by the upper surface; and, said upper edge of the table top terminates at a location between said bight area and said plane.

Response to Arguments

In response to applicant's arguments against Cooper USPN4145612, Cooper discloses that the support member takes into account the attenuation (col.4, ln.23-28), and the fact that the materials used in Cooper are chosen for special use in X-ray examination makes these critical factors in Cooper.

Applicant's arguments with respect to claims 1-20 have been considered but are moot in view of the new ground(s) of rejection. Applicant has amended independent claims 1 and 17 to include that the non-planar first connection area is defined by the top surface, rather than defined by an attachment/rail on the top surface. Applicant has amended independent claim 6 to include the plurality of curved surfaces of the patient support member.

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Applicant's arguments, see Amendment, filed 6/24/03, with respect to claims 21-29 have been fully considered and are persuasive. The rejections of claims 21-29 have been withdrawn. A rejection has been made with new art.

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

USPN5077780 to Lee discloses a flat top radiographic table.

USPN6260220 to Lamb discloses a surgical table for lateral procedures.

USPN4043278 to Kessler discloses a knock-down light weight table kit.


USPN5131103 to Thomas discloses an integrated back support and bed.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Thomas Y Ho whose telephone number is (703)305-4556. The examiner can normally be reached on M-F 10:00AM-6:00PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, J. J Swann can be reached on (703)306-4115. The fax phone number for the organization where this application or proceeding is assigned is (703) 872-9306.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703)306-1113.

TYH


J. J. SWANN
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600